11800017687

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Mr. 8 min Colife

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JOLIVE GOT CLU 15 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tampria (reishall) Name of Person
Firm/Company
3745 Desoto Rd. Address
Sarasota/F(34235 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 276 2122 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

(Name of the Limited Liability Company as it	now appears on our records.) Company)		_	
The Articles of Organization for this Limited Liability Company were Florida document number LIX(YYX)17687.	filed on <u>1197018</u>	and	d assign	ıed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of				
The new name must be distinguishable and contain the words Limited Liability Cor	npany," the designation "LLC" or th	e abbreviation	n"L.L.C ≧	
Enter new principal offices address, if applicable:			===	OL Dyn.,
(Principal office address MUST BE A STREET ADDRESS)		# · 35		<u>.</u> .
		<u></u>	<u> </u>	Campaign of
		••		d 5≕
Enter new mailing address, if applicable:			27	: : ;
(Mailing address MAY BE A POST OFFICE BOX)			_ ; ;	 ,
and the state of t		ju-	=	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	nddress on our records, <u>en</u>	ter the na	me of	the nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Emer Fibriaa sireet address			
 	Florida,	IZiv C	'ada	
	íty	71p C	oue	
New Registered Agent's Signature, if changing Registered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	than the date of filin	g:	filling or more than 90 da	(optional)	605,0207 (3)
Effective date, if other (If an effective date is listed, if Note: If the date inserted document's effective date	in this block does not n	meet the applicable stat	utory filing requiremen	its, this date will not be	listed as the
Note: If the date inserted document's effective date the record specifies a	on the Department of S delayed effective of	meet the applicable stat State's records. date, but not an ef	utory filing requiremen	its, this date will not be	isted as the
Note: If the date inserted document's effective date the record specifies a	on the Department of S delayed effective of	meet the applicable stat State's records. date, but not an ef	utory filing requiremen	its, this date will not be	rlier of:
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Filing Fee: \$25.00